

UNITED STATES DEPARTMENT OF THE CENSUS

FILED JUN 9 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

16634

Registration District No. 42

Primary Registration District No. 5132

Registrar's No. 710

1. PLACE OF DEATH:

(a) County Buchanan
(b) City or town Halls, (rural) Wayne
(c) Name of hospital or institution: Missouri River Bank 3
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Lifetime (Specify whether
In this community years, months or days)

3. (a) PRINT FULL NAME Tom Dallas Yager

3. (b) If veteran, name war World War # 1 3. (c) Social Security No. 491-22-9040

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Divorced
6. (b) Name of husband or wife Elva 6. (c) Age of husband or wife if alive 48 years
7. Birth date of deceased March 13, 1895
(Month) (Day) (Year)

8. AGE: Years 52 Months 2 Days 17 If less than one day hr. min.

9. Birthplace Halls, Missouri (City, town, or county) (State or foreign country)

10. Usual occupation Farmer Farm

11. Industry or business Dan Yager

12. Name Buchanan Co., Missouri

13. Birthplace Atlanta, Matthews (City, town, or county) (State or foreign country)

14. Maiden name Buchanan Co., Missouri

15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Geo McCombs (sister)

(b) Address 114 E. Cliff St., City

17. (a) Burial (b) Date thereof 6/1/47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bethel Cemetery

18. (a) Signature of funeral director John C. Rupp
(b) Address 6054 Pryor Ave., City

19. (a) 6-5-47 (b) R. B. Jenkins
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan
(c) City or town Halls, (rural)
(d) Street No. R.F.D. # 1
(If outside city or town limits, write "RURAL")
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 30, 1947 year 9:00 hour minute P. M.

21. I hereby certify that I viewed deceased from May 31st 1947 to May 31st 1947
that I last saw him alive on May 31st 1947
and that death occurred on the date and hour stated above.
Immediate cause of death Mitral Insufficiency Duration

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (e) Means of injury

23. Signature B.W. Tadlock Coroner
Address KING HILL BLDG. (M. D. or other)

Date signed 6/1/47

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

JUN 12 1947

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

working under my personal supervision.

Registered Apprentice No.....

Signed.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.